



SINAI TEMPLE

SINAI TEMPLE MEMBERSHIP INFORMATION FORM

TELL US ABOUT YOURSELF

How would you like your name(s) listed on our mailing list?

Home Address _____

City/ST/Zip _____

Primary Phone _____

Personal Status:

- Single Married (Anniversary) Engaged (Wedding Date) Life Partner Divorced Widowed

Please fill out this section to receive your parking stickers. All fields are required. Your cooperation enables us to maintain best practices and security protocols in our parking garage.

Table with 4 columns: Car Make, Car Model, Color, License Plate

Form with columns for MEMBER ONE and MEMBER TWO, including fields for gender, pronouns, salutation, name, birth date, and conversion status.

	Is this a mobile number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a mobile number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Email Address		
Occupation/Title		
Business Name		
Retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Higher Education	College _____ Grad School _____	College _____ Grad School _____
Other Congregational Affiliation (optional)	Name of community: <input type="checkbox"/> Current Member	Name of community: <input type="checkbox"/> Current Member
Other Org/Affiliations (i.e.: AIPAC, JNF)		

CHILDREN

Please tell us about any children that you have. Children ages 20 and younger are included in your membership. Children 21+ are eligible for their own membership, but please still list them so we can get to know your entire family.

	Child 1: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary <input type="checkbox"/> prefer not to say	Child 2: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary <input type="checkbox"/> prefer not to say	Child 3: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary <input type="checkbox"/> prefer not to say	Child 4: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary <input type="checkbox"/> prefer not to say
Last Name				
First Name				
Middle Name				
Hebrew Name (please write in English)				
Date of Birth				
School Name				
High School Class Of				
College/University				
College/University Class Of				
Applied / Accepted to:	<input type="checkbox"/> Douglas Family Early Childhood Center <input type="checkbox"/> Sinai Akiba Academy <input type="checkbox"/> Sinai Temple Religious School <input type="checkbox"/> Other	<input type="checkbox"/> Douglas Family Early Childhood Center <input type="checkbox"/> Sinai Akiba Academy <input type="checkbox"/> Sinai Temple Religious School <input type="checkbox"/> Other	<input type="checkbox"/> Douglas Family Early Childhood Center <input type="checkbox"/> Sinai Akiba Academy <input type="checkbox"/> Sinai Temple Religious School <input type="checkbox"/> Other	<input type="checkbox"/> Douglas Family Early Childhood Center <input type="checkbox"/> Sinai Akiba Academy <input type="checkbox"/> Sinai Temple Religious School <input type="checkbox"/> Other

WHO DO YOU KNOW?

Please share any friends or relatives who are members of Sinai Temple and their relationship to you.

Name	Relationship	To which member are they connected? (Please write first name)

WHO ARE YOUR FAMILY MEMBERS?

In anticipation of sharing your important lifecycle events with our community, please list immediate family members not included above: your parents, adult children, grandchildren, siblings and their children – even if they are not Temple members!

Name	Relationship	To which member are they connected? (Please write first name)

WHO WOULD YOU LIKE TO HONOR (Yahrzeits)?

Name	Relationship	Date of Death (Secular Date)	Before/After Sunset	To which member is your loved one connected? (Please write first name)

WHAT ARE YOUR INTERESTS?

Please check the boxes about which you would like more information. (1) denotes Member One, (2) denotes Member Two.

1	2		1	2	
<input type="checkbox"/>	<input type="checkbox"/>	Adult B’nai Mitzvah	<input type="checkbox"/>	<input type="checkbox"/>	Caring Community (visiting the sick, caring for those in need)
<input type="checkbox"/>	<input type="checkbox"/>	Adult Choir	<input type="checkbox"/>	<input type="checkbox"/>	Chanting Torah/Haftarah
<input type="checkbox"/>	<input type="checkbox"/>	Atid (Young Professionals, ages 21-45)	<input type="checkbox"/>	<input type="checkbox"/>	Newlyweds
<input type="checkbox"/>	<input type="checkbox"/>	Torah Study Groups	<input type="checkbox"/>	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	<input type="checkbox"/>	Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>	Men’s Club (open to all genders)
<input type="checkbox"/>	<input type="checkbox"/>	Dor Chadash (Young Families Group, ages 0-6)	<input type="checkbox"/>	<input type="checkbox"/>	Beit Bracha (Religious School for children with special needs)
<input type="checkbox"/>	<input type="checkbox"/>	Sinai Temple Israel Center	<input type="checkbox"/>	<input type="checkbox"/>	Adult Programming (ages 40+)
<input type="checkbox"/>	<input type="checkbox"/>	Social Action Committee	<input type="checkbox"/>	<input type="checkbox"/>	Chai Society (ages 55+)
<input type="checkbox"/>	<input type="checkbox"/>	Teen Center	<input type="checkbox"/>	<input type="checkbox"/>	Sinai Temple Mental Health Center (offering bereavement services and other support groups)
<input type="checkbox"/>	<input type="checkbox"/>	Be a mentor (I would like to help new members get acquainted with Sinai Temple)	<input type="checkbox"/>	<input type="checkbox"/>	Empty Nesters
<input type="checkbox"/>	<input type="checkbox"/>	Find a mentor (I would like someone to help me get acquainted with Sinai Temple)	<input type="checkbox"/>	<input type="checkbox"/>	I have another idea!

SOME OTHER QUESTIONS

How do you envision your membership at Sinai Temple enhancing your life?

What special skills do you have that you might enjoy contributing?

Do you have any special interests or needs?

TELL US ABOUT YOUR CLERGY CONNECTIONS

Do you have a relationship with any of our clergy members?

Yes, with _____

HOW DID YOU FIND US? (please check all that apply)

- Referred by _____
- Publication _____
- Social Media
- Live in the neighborhood
- I've driven by
- Other

WHAT MOVED YOU TO JOIN SINAI TEMPLE?

(please check all that apply)

- New to the area
- To find community
- High Holy Day services
- Lifecycle
- Rabbi / Cantor _____
- Children in: Parenting Center / Douglas Early Childhood Center / SAA / Religious School / Teen Center
- Shabbat Services
- Learning opportunities
- History and heritage

SOME FINAL DETAILS

Photography Release:

For consideration and for promotional use by Sinai Temple, the undersigned consent(s) to irrevocably grant to Sinai Temple the right to take your photograph, record you, or use your image, silhouette, and/or other reproductions of your physical likeness, as well as your voice and/or words, for all purposes related to marketing and promotion of Sinai Temple, across all media. These rights are granted in perpetuity. You hereby certify that you have read the foregoing and fully understand the meaning and effect thereof. Questions? Please contact stcommunications@sinaitemple.org.

In applying for membership at Sinai Temple, I/we agree to conform to its bylaws and to honor all monetary obligations to the congregation. By signing below, I/we affirm that all information on this form is correct.

Signature – Member One

Date Signed

Signature – Member Two

Date Signed

Thank you for completing this membership information form. We welcome you to our congregation!